

17157 U.S. PTO  
031004

|  |                                   |
|--|-----------------------------------|
| Docket Number                                | CL/V-32902A                       |
| FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10   |                                   |
| EL 983209403 US<br>Express Mail Label Number | March 10, 2004<br>Date of Deposit |

Address to: **MS: Patent Application**  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): **CARNEY ET AL.**

Title: **METHOD AND KITS FOR MONITORING WOMEN'S HEALTH**

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 49 pages
2. ☒ Drawings - 1 sheets
3. ☒ Executed Declaration and Power of Attorney (original or copy)
4. ☐ Microfiche Computer Program (appendix)
5. ☐ Nucleotide and/or Amino Acid Sequence Submission
  - ☐ Computer Readable Copy
  - ☐ Paper Copy
  - ☐ Statement Verifying Identity of Above Copies
6. ☐ Preliminary Amendment
7. ☐ Assignment Papers (Cover Sheet & Document(s))
8. ☐ English Translation of
9. ☒ Information Disclosure Statement
10. ☒ Certified Copy of Priority Document(s)
11. ☒ Return Receipt Postcard
12. ☐ Other:

Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
- ☐ Before calculating the filing fee, please cancel claims

|                                       |                    |              |     |              |   |       |    |          |
|---------------------------------------|--------------------|--------------|-----|--------------|---|-------|----|----------|
| Basic Filing Fee                      |                    |              |     |              |   |       | \$ | 770      |
| Multiple Dependent Claim Fee (\$ 290) |                    |              |     |              |   |       | \$ |          |
| Foreign Language Surcharge (\$ 900)   |                    |              |     |              |   |       | \$ |          |
|                                       | For                | Number Filed |     | Number Extra |   | Rate  |    |          |
| Extra Claims                          | Total Claims       | 91           | -20 | 71           | x | \$ 18 | =  | \$ 1,278 |
|                                       | Independent Claims | 7            | -3  | 4            | x | \$ 86 | =  | \$ 344   |
| TOTAL FILING FEE                      |                    |              |     |              |   |       | \$ | 2,392    |

- ☒ Please charge Deposit Account No. 50-2965 in the name of Ciba Vision in the amount of \$2,392. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be

17548 U.S. PTO  
10/797678

031004

required in connection with this application, or credit any overpayment, to Deposit Account No. 50-2965 in the name of Ciba Vision.

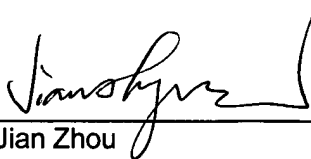
Please address all correspondence to the address associated with Customer No. 31781, which is currently:

Robert J. Gorman, Jr.  
CIBA Vision Corporation  
Patent Department  
11460 Johns Creek Parkway  
Duluth, GA 30097-1556

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (678) 415-3068.

Respectfully submitted,

Date: *March 10, 2004*

  
\_\_\_\_\_  
Jian Zhou  
Agent for Applicants  
Reg. No. 41,422  
Tel. No. (678) 415-4691